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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/690,386
	Filing Date	10/20/2003
	First Named Inventor	Murray, Allen K.
	Art Unit	1743
	Examiner Name	Cole, Monique T.
	Attorney Docket Number	355870.02301

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☐ I hereby appoint the practitioners associated with the Customer Number:

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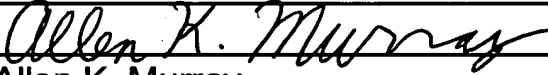
<input checked="" type="checkbox"/> Firm or Individual Name	Allen K. Murray, Ph.D.		
Address	Glycozyme, Inc. 17935 Sky Park Circle, Suite E		
City	Irvine	State CA	Zip 92614-6321
Country	USA		
Telephone	949-261-9664	Email	amurray@glycozyme.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Allen K. Murray		
Date	3/02/06	Telephone	949-261-9664

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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